



The Department of Health Care Services

Medi-Cal Dental Program

General Anesthesia Report

Reporting Period: Calendar Year 2018

Published Date: July 2019

Scope and Methodology

Pursuant to Welfare & Institutions Code §14132.915(a)(3)(F) and (j)(3), utilization is based on Medi-Cal members who required and received general anesthesia (GA) services for dental procedures through Dental Fee-for-Service (FFS) and Dental Managed Care (DMC) programs. Members who required GA are captured by approved treatment authorization requests (TARs) in Calendar Year (CY) 2018 (1/1/2018 to 12/31/2018) and members who received GA are captured by paid dental claims with dates of service in CY 2018. The members are divided into two age groups (children ages 0-20 and adults ages 21+) and delivery systems (FFS and DMC).

The two Current Dental Terminology (CDT) codes used to identify GA services are D9220, which covers the first 30 minutes of GA and D9221, which covers each additional 15 minutes of GA. Providers have six (6) months from the TAR approval date to render the service and one year from the date of service to submit the claim to Medi-Cal Dental Program for reimbursement. Therefore, the number of TARs approved is higher than the number of paid claims due to the lag in rendering the services, claims submission, and claims processing for payment.

Results

Number of Beneficiaries	FFS Children (Age 0-20)	FFS Adults (Age 21+)	DMC Children (Age 0-20)	DMC Adults (Age 21+)
Required GA services with an approved TAR.	39,525	17,052	3,534	994
Received GA services with a paid claim.	27,447	12,292	2,676	540

Data as of June 2019